

APPLICATION FOR
RENEWAL OF
SPEECH-LANGUAGE PATHOLOGIST, PREKINDERGARTEN-12 AND
SPEECH-LANGUAGE TECHNICIAN, PREKINDERGARTEN-12 CERTIFICATE

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT
Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

GENERAL INSTRUCTIONS AND INFORMATION - Submit the following:

- A. One of the following:
1. A **photocopy** of your valid Arizona **IVP** fingerprint card (plastic) issued on or after January 1, 2008; **or**
 2. A **photocopy** of your valid Arizona fingerprint clearance card (plastic) **issued prior to January 1, 2008.**
- B. **Application for Renewal of Speech-Language Pathologist and Speech-Language Technician Certificate** form completed along with your payment. Acceptable forms of payment are personal check, money order, or cashier's check made payable to the Arizona Department of Education. **Cash will not be accepted.** Fees are not refundable.
- C. Verification of the required clock hours or semester hours of professional development completed during the valid period of the certificate to be renewed. See Section 4 on Page 2 for the required hours.

SECTION 1: PERSONAL INFORMATION - Please use blue or black ink.

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: M / F

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ - _____ Email Address: _____

Ethnicity: _____ American Indian or Alaskan Native _____ Black or African-American (Not-Hispanic) _____ White (Not-Hispanic)
_____ Asian or Pacific Islander _____ Hispanic or Latino _____ Other

SECTION 2: CERTIFICATES AND FEES – Please select the certificate(s) to be renewed:

____ SPEECH-LANGUAGE **PATHOLOGIST**, PREKINDERGARTEN-12 \$20
____ SPEECH-LANGUAGE **TECHNICIAN**, PREKINDERGARTEN-12 \$20

ATTENTION:



If “**YES**” is indicated for any of the following questions, you must attach an **Explanation of Incident** form to your application before it can be processed. You may download the form at: <http://www.azed.gov/educator-certification/downloadable-certification-forms/>

ATTENTION:



SECTION 3: CRIMINAL HISTORY - Answer EVERY question, sign and date. Attach **Explanation of Incident, if required.**

<p>1. > YES__ NO__ Have you ever had any professional certificate or license, revoked or suspended?</p> <p>3. > YES__ NO__ Have you ever been convicted of any felony offense?</p> <p>5. > (Answer every question.) Have you ever been arrested for any of the <u>following</u> offenses in this state or similar offenses in another jurisdiction?</p> <p>> YES__ NO__ Second-degree murder</p> <p>> YES__ NO__ Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age</p> <p>> YES__ NO__ Sexual assault</p> <p>> YES__ NO__ Molestation of a child</p> <p>> YES__ NO__ Sexual conduct with a minor</p> <p>> YES__ NO__ Commercial sexual exploitation of a minor</p> <p>> YES__ NO__ Sexual exploitation of a minor</p> <p>> YES__ NO__ Child abuse</p> <p>> YES__ NO__ Kidnapping</p> <p>> YES__ NO__ Sexual abuse of a minor</p> <p>> YES__ NO__ Taking a child for the purpose of prostitution as prescribed in section A.R.S. § 13-3206</p> <p>> YES__ NO__ Child prostitution as prescribed in section ARS § 13-3212</p> <p>> YES__ NO__ Involving or using minors in drug offenses</p>	<p>2. > YES__ NO__ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?</p> <p>4. > YES__ NO__ Have you ever been arrested for any offense for which you were fingerprinted?</p> <p>5. > (Answer every question.) Have you ever been arrested for any of the <u>following</u> offenses in this state or similar offenses in another jurisdiction?</p> <p>> YES__ NO__ Continuous sexual abuse of a child</p> <p>> YES__ NO__ Attempted first-degree murder</p> <p>> YES__ NO__ Any other dangerous crime against children as defined in section A.R.S. § 13-604.01</p> <p>> YES__ NO__ Any of the above listed offenses if committed as a reparatory offense as described in A.R.S. 13-1001</p> <p>> YES__ NO__ Any offense causing you to register as a sex offender</p> <p>> YES__ NO__ First-degree murder</p> <p>> YES__ NO__ Armed Robbery</p> <p>> YES__ NO__ Incest</p> <p>> YES__ NO__ Exploitation of minors involving drug offenses</p> <p>> YES__ NO__ Sexual abuse of a vulnerable adult</p> <p>> YES__ NO__ Sexual exploitation of a vulnerable adult</p> <p>> YES__ NO__ Commercial sexual exploitation of a vulnerable adult</p> <p>> YES__ NO__ Abuse of a vulnerable adult</p> <p>> YES__ NO__ Molestation of a vulnerable adult</p> <p>> YES__ NO__ Neglect of a vulnerable adult</p>
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I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Applicant's Signature _____

Date _____

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SECTION 4: RENEWAL POLICIES AND PROCEDURES -

I. Speech-Language Pathologist, PreKindergarten-12

The certificate is valid for 6 years and may be renewed with completion of Sixty (60) clock hours of relevant professional development in the field of speech pathology, or professional development in the areas of articulation, voice, fluency, language, low incidence disabilities, curriculum and instruction, professional issues and ethics, or service delivery models.

✓ **Required Documentation:** Official transcripts from an accredited institution or Certificates of Attendance.

II. Speech-Language Technician, PreKindergarten-12

The certificate is valid for 6 years and may be renewed with the completion of 12 semester hours of **graduate level** coursework in the field of speech pathology, OR 180 clock hours of professional development in the areas of articulation, voice, fluency, language disorders, low incidence disabilities, professional issues and ethics, or service delivery models OR a combination of both; 15 clock hours equals 1 semester hour on an official transcript.

✓ **Required Documentation:** Official transcripts from an accredited institution or Certificates of Attendance.



**SECTION 5 IS TO BE COMPLETED BY
ADE CERTIFICATION UNIT PERSONNEL ONLY!**

SECTION 5: FOR ADE CERTIFICATION UNIT PERSONNEL ONLY

☐ I verify that this applicant has completed _____ **clock hours** of professional development activities during the last valid period of the certificate to be **RENEWED**:

☐ I verify that this applicant has completed _____ semester hours of professional development activities during the last valid period of the following certificate to be **RENEWED**:

Verified by:

Signature

Print Name

Title:

Date:
